

Appendix E. Facsimilies of 1985 Sixth Wave and 1986 Third Wave
Questions on Need for Assistance

Section 5 — TOPICAL MODULES (Continued)		
Part E — LONG-TERM CARE		
1. Were there times in the past month when . . . needed help with things like personal care, housework, preparing meals, or getting to the store or doctor because . . . had a health problem or condition?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8400</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 9a </div>	
2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8402</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 9a </div>	
3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8404</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4a </div>	
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	FIRST HELPER	SECOND HELPER
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8406</div> <div style="margin-left: 20px;"> RELATIVE <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other relative NONRELATIVE <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Employee <input type="checkbox"/> Other nonrelative </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8408</div> <div style="margin-left: 20px;"> RELATIVE <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other relative NONRELATIVE <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Employee <input type="checkbox"/> Other nonrelative </div>
ASK OR VERIFY — C. Is (Person mentioned above) a household member?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8410</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8414</div> <div style="margin-left: 20px;"> <input type="checkbox"/> No </div> </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8412</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8416</div> <div style="margin-left: 20px;"> <input type="checkbox"/> No </div> </div>
4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8422</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 5a </div>	
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	FIRST HELPER	SECOND HELPER
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8424</div> <div style="margin-left: 20px;"> RELATIVE <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other relative NONRELATIVE <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Employee <input type="checkbox"/> Other nonrelative </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8426</div> <div style="margin-left: 20px;"> RELATIVE <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other relative NONRELATIVE <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Employee <input type="checkbox"/> Other nonrelative </div>
ASK OR VERIFY — C. Is (Person mentioned above) a household member?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8428</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8432</div> <div style="margin-left: 20px;"> <input type="checkbox"/> No </div> </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8430</div> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8434</div> <div style="margin-left: 20px;"> <input type="checkbox"/> No </div> </div>
NOTES		

Section 5 — TOPICAL MODULES (Continued)		
Part E — LONG-TERM CARE (Continued)		
5a. Because of . . . 's health or condition, did . . . need help to prepare meals?	<div style="text-align: right; margin-bottom: 5px;">8440</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 6a</div>	
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<div style="text-align: center; margin-bottom: 5px;">FIRST HELPER</div> <div style="margin-bottom: 5px;">8442</div> <div>RELATIVE</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Son</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Daughter</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Other relative</div> <div>NONRELATIVE</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Friend or neighbor</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Employee</div> <div>6 <input type="checkbox"/> Other nonrelative</div>	<div style="text-align: center; margin-bottom: 5px;">SECOND HELPER</div> <div style="margin-bottom: 5px;">8444</div> <div>RELATIVE</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Son</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Daughter</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Other relative</div> <div>NONRELATIVE</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Friend or neighbor</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Employee</div> <div>6 <input type="checkbox"/> Other nonrelative</div>
ASK OR VERIFY — c. Is (Person mentioned above) a household member?	<div style="margin-bottom: 5px;">8446 1 <input type="checkbox"/> Yes →</div> <div style="text-align: center; margin-bottom: 5px;">Person number</div> <div style="margin-bottom: 5px;">8450 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></div> <div>2 <input type="checkbox"/> No</div>	<div style="margin-bottom: 5px;">8448 1 <input type="checkbox"/> Yes →</div> <div style="text-align: center; margin-bottom: 5px;">Person number</div> <div style="margin-bottom: 5px;">8452 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></div> <div>2 <input type="checkbox"/> No</div>
d. During the past 4 months, did . . . receive any meals provided by a community service, either delivered to the home or served in a group setting?	<div style="text-align: right; margin-bottom: 5px;">8458</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to 6a</div>	
e. How many meals a week did . . . usually receive?	<div style="margin-bottom: 5px;">8460 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></div> <div>x1 <input type="checkbox"/> DK</div>	
6a. Did . . . need help from another person in order to get around outside the house?	<div style="text-align: right; margin-bottom: 5px;">8462</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Unable to leave the house — SKIP to 7a</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Yes</div> <div>3 <input type="checkbox"/> No — SKIP to 7a</div>	
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<div style="text-align: center; margin-bottom: 5px;">FIRST HELPER</div> <div style="margin-bottom: 5px;">8464</div> <div>RELATIVE</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Son</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Daughter</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Other relative</div> <div>NONRELATIVE</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Friend or neighbor</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Employee</div> <div>6 <input type="checkbox"/> Other nonrelative</div>	<div style="text-align: center; margin-bottom: 5px;">SECOND HELPER</div> <div style="margin-bottom: 5px;">8466</div> <div>RELATIVE</div> <div style="margin-bottom: 5px;">1 <input type="checkbox"/> Son</div> <div style="margin-bottom: 5px;">2 <input type="checkbox"/> Daughter</div> <div style="margin-bottom: 5px;">3 <input type="checkbox"/> Other relative</div> <div>NONRELATIVE</div> <div style="margin-bottom: 5px;">4 <input type="checkbox"/> Friend or neighbor</div> <div style="margin-bottom: 5px;">5 <input type="checkbox"/> Employee</div> <div>6 <input type="checkbox"/> Other nonrelative</div>
ASK OR VERIFY — c. Is (Person mentioned above) a household member?	<div style="margin-bottom: 5px;">8468 1 <input type="checkbox"/> Yes →</div> <div style="text-align: center; margin-bottom: 5px;">Person number</div> <div style="margin-bottom: 5px;">8472 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></div> <div>2 <input type="checkbox"/> No</div>	<div style="margin-bottom: 5px;">8470 1 <input type="checkbox"/> Yes →</div> <div style="text-align: center; margin-bottom: 5px;">Person number</div> <div style="margin-bottom: 5px;">8474 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></div> <div>2 <input type="checkbox"/> No</div>
NOTES		

Section 5 — TOPICAL MODULES (Continued)		
Part E — LONG-TERM CARE (Continued)		
7a. Did . . . need the help of another person for keeping track of money and bills?	<div style="display: flex; justify-content: space-between;"> 8480 <div> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 8a</i> </div> </div>	
b. Who helped . . . with such things? Anybody else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">FIRST HELPER</div> <div> RELATIVE <div style="display: flex; justify-content: space-between;"> 8482 <div> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other relative </div> </div> NONRELATIVE <div> <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Employee <input type="checkbox"/> Other nonrelative </div> </div>	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">SECOND HELPER</div> <div> RELATIVE <div style="display: flex; justify-content: space-between;"> 8484 <div> <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other relative </div> </div> NONRELATIVE <div> <input type="checkbox"/> Friend or neighbor <input type="checkbox"/> Employee <input type="checkbox"/> Other nonrelative </div> </div>
ASK OR VERIFY — c. Is (Person mentioned above) a household member?	<div style="display: flex; justify-content: space-between;"> 8486 <div> <input type="checkbox"/> Yes <div style="margin-top: 5px;"> Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> </div> </div> </div> <div style="display: flex; justify-content: space-between;"> 8490 <div> <input type="checkbox"/> No </div> </div>	<div style="display: flex; justify-content: space-between;"> 8488 <div> <input type="checkbox"/> Yes <div style="margin-top: 5px;"> Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> </div> </div> </div> <div style="display: flex; justify-content: space-between;"> 8491 <div> <input type="checkbox"/> No </div> </div>
ASK OR VERIFY — 8a. During the past month did . . . (or . . . 's family) pay for any of the help that . . . received?	<div style="display: flex; justify-content: space-between;"> 8494 <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to Check Item T14</i> </div> </div>	
b. How much was paid for such help during (Read last month)?	<div style="display: flex; justify-content: space-between;"> 8496 <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK </div> </div> </div>	
CHECK ITEM T14 <i>Refer to 6a.</i> Was . . . unable to leave the house or did . . . need help to get around outside the house?	<div style="display: flex; justify-content: space-between;"> 8498 <div> <input type="checkbox"/> Yes — <i>SKIP to part F, page 59</i> <input type="checkbox"/> No </div> </div>	
These next few questions concern helping others with personal care, housework, meal preparation, shopping, or getting around outside the home.		
9a. During the past month, did . . . give this kind of help to anyone outside of . . . 's household?	<div style="display: flex; justify-content: space-between;"> 8500 <div> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to part F, page 59</i> </div> </div>	
b. How many persons did . . . help in this way?	<div style="display: flex; justify-content: space-between;"> 8502 <div> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more </div> </div>	
NOTES		

Section 5 – TOPICAL MODULES (Continued)																			
Part E – LONG-TERM CARE (Continued)																			
<p>9c. How was (were) this person (these people) related to . . . ?</p>	<p>8504 FIRST PERSON HELPED</p> <p>1 <input type="checkbox"/> Parent</p> <p>2 <input type="checkbox"/> Brother/sister</p> <p>3 <input type="checkbox"/> Child</p> <p>4 <input type="checkbox"/> Grandparent</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Not a relative</p> <p>8506 SECOND PERSON HELPED</p> <p>1 <input type="checkbox"/> Parent</p> <p>2 <input type="checkbox"/> Brother/sister</p> <p>3 <input type="checkbox"/> Child</p> <p>4 <input type="checkbox"/> Grandparent</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Not a relative</p> <p>8508 THIRD PERSON HELPED</p> <p>1 <input type="checkbox"/> Parent</p> <p>2 <input type="checkbox"/> Brother/sister</p> <p>3 <input type="checkbox"/> Child</p> <p>4 <input type="checkbox"/> Grandparent</p> <p>5 <input type="checkbox"/> Other relative</p> <p>6 <input type="checkbox"/> Not a relative</p>																		
<p>10. During the last month did . . . give any of the following kinds of help?</p> <p>a. Help someone dress, eat, bathe, or get to the bathroom?</p> <p>b. Help someone with housework such as washing dishes, straightening up, or light cleaning?</p> <p>c. Prepare a meal?</p> <p>d. Take someone shopping, to a doctor, or somewhere else outside the home?</p> <p>e. Help someone by keeping track of their money or bills?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>8510</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>8512</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>8514</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>8516</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>8518</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	8510	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8512	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8514	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8516	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8518	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	YES	NO																	
8510	1 <input type="checkbox"/>	2 <input type="checkbox"/>																	
8512	1 <input type="checkbox"/>	2 <input type="checkbox"/>																	
8514	1 <input type="checkbox"/>	2 <input type="checkbox"/>																	
8516	1 <input type="checkbox"/>	2 <input type="checkbox"/>																	
8518	1 <input type="checkbox"/>	2 <input type="checkbox"/>																	
<p>11. During the past month, about how many days were there when . . . gave personal care help to someone?</p>	<p>8520 <input type="text"/> <input type="text"/> Days</p> <p>x1 <input type="checkbox"/> DK</p>																		
<p>12. During the past month, about how many hours a week did . . . spend providing personal care help?</p> <p>(Enter "99" if 100 or greater.)</p>	<p>8522 <input type="text"/> <input type="text"/> Hours</p> <p>x1 <input type="checkbox"/> DK</p>																		
<p>NOTES</p>																			